

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

## PLACE OF BIRTH

1. County of Pima  
District of \_\_\_\_\_  
Town of Globe  
or \_\_\_\_\_  
City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 221  
County Registrar No. 1  
Local Registrar No. 1

No. 2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elizabeth Hoffman } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. 1st born, triplet or other. 5. Legitimate? yes 6. Date of birth Jan 26 Mon 1925  
Month day year

8. FATHER Full name Jacob Francis Hoffman 14. MOTHER Full maiden name Emma Ida Absher  
9. Residence Little Acres, Inspiration 15. Residence Little Acres, Inspiration  
(Usual place of abode) (Usual place of abode)  
If nonresident, give place and state Ariz If nonresident, give place and state Ariz

10. Color or race White 16. Color or race White  
11. Age at last birthday 40 (Years) 17. Age at last birthday 38 (Years)

12. Birthplace (city or place) Merridan 18. Birthplace (city or place) White County  
(State or country) Miss (State or country) Ill

13. Occupation Dairyman 19. Occupation Housewife  
Nature of industry Nature of industry

20. Number of children of this mother (a) Born alive and now living 1 21. Were precautions taken against ophthalmia neonatorum? yes  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1 (c) Stillborn 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 p. m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Signature Sara Higdon Osteopathic Physician  
Address Globe, Ariz (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year.

Registrar.

Filed Jan 27, 1925 - G. E. Dwyer  
Local Registrar.  
Filed Jan 27, 1925 - G. E. Dwyer  
County Registrar.

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